

THIRD AMENDMENT

This **THIRD ADMENDMENT** to the General Health Care Services Agreement made November 1, 2003, as amended effective December 15, 2004 and November 1, 2005 by the **VIRGINIA DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES ON BEHALF OF CATAWBA HOSPITAL (CATAWBA), CENTRAL VIRGINIA TRAINING CENTER (LYNCHBURG), COMMONWEALTH CENTER FOR CHILDREN & ADOLESCENTS (STAUNTON), NORTHERN VIRGINIA TRAINING CENTER (FAIRFAX), SOUTHERN VIRGINIA MENTAL HEALTH INSTITUTE (DANVILLE), SOUTHWESTERN VIRGINIA MENTAL HEALTH INSTITUTE (MARION), SOUTHWESTERN VIRGINIA TRAINING CENTER (HILLSVILLE), WESTERN STATE HOSPITAL (STAUNTON) AND PIEDMONT GERIATRIC HOSPITAL (BURKEVILLE)** (hereinafter referred to as "DMHMRSAS") and **THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA ON BEHALF OF ITS MEDICAL CENTER** (hereinafter referred to as the "Medical Center") and the **UNIVERSITY OF VIRGINIA HEALTH SERVICES FOUNDATION** (hereinafter referred to as "HSF"), (the Medical Center and HSF are hereinafter collectively referred to as "Contractors") (hereinafter "the Agreement") is made effective the 1st day of November 2006.

1. **Section 6. LIABILITY:** *shall be deleted in its entirety and replaced with the following:*

The Medical Center, for itself and for its health care professionals, agrees to maintain, or to assure maintenance of, professional liability coverage or participate in self-funded coverage in a minimum amount equal to not less than the limitation on recovery per occurrence specified in Section 8.01-581.15 of the Code of Virginia, as amended or superseded. The Foundation, for itself and for each of its Participating Providers, agrees to maintain, or assure maintenance of, professional liability coverage or participate in self-funded coverage in a minimum amount equal to not less than the limitation on recovery per occurrence specified in Section 8.01-581.15 of the Code of Virginia, as amended or superseded, with an annual aggregate limit that is three (3) times the applicable per occurrence limit.

2. **Section 19, NOTICE:** *Under **UNIVERSITY OF VIRGINIA HEALTH SERVICES FOUNDATION** : "William C. Kennedy" shall be deleted and replaced with "J. Corey Feist."*
3. **Attachment B: Under BILLINGS AND PAYMENTS** *the address to send payment for services rendered by HSF clinicians shall be changed to:*
University of Virginia Health Services Foundation
P.O. Box 9007
Charlottesville, VA 22906-9007
4. **Attachment D: Under REIMBURSEMENT** *Item 3. shall be deleted in its entirety and replaced with the following:*

3. Payment shall be made payable to the University of Virginia Health Services Foundation and sent to the below address:

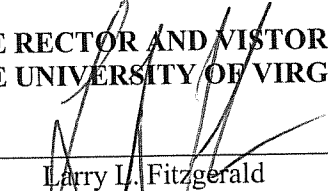
University of Virginia Health Services Foundation
P.O. Box 9007
Charlottesville, VA 22906-9007

This Agreement shall be renewed for an additional one (1) year, to commence November 1, 2006 and ending October 31, 2007.

Except as otherwise provided herein, all other terms and conditions of the Agreement November 1, 2003, as amended effective December 15, 2004 and November 1, 2005, remain unchanged and in full force and effect,

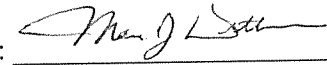
IN WITNESS WHEREOF, the parties hereto have affixed their signatures below.

**THE RECTOR AND VISTORS OF
THE UNIVERSITY OF VIRGINIA**

By: 
Larry L. Fitzgerald
Associate Vice President for
Finance, University of Virginia
Medical Center

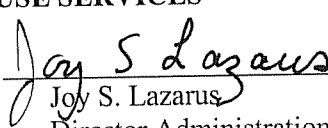
Date: 11-28-06

**UNIVERSITY OF VIRGINIA
HEALTH SERVICES FOUNDATION**

By: 
Marc J. Dettmann
Chief Executive Officer

Date: 11/15/06

**VIRGINIA DEPARTMENT OF
MENTAL HEALTH, MENTAL
RETARDATION AND SUBSTANCE
ABUSE SERVICES**

By: 
Joy S. Lazarus
Director Administration Services

Date: 12/8/06

The University of Virginia

**Health
Services
Foundation**



500 Ray C. Hunt Drive
Charlottesville, Virginia 22903-2981
(434) 295-1000

FAX (434) 972-4274 — Executive Offices
(434) 296-2718 — Finance and Administration
(434) 972-4273 — Billing Services
Information Systems

December 5, 2006

David T. Ray, CPPB
Contract Manager
VA DMHMRSAS
1220 Bank Street
Richmond, VA 23218-1797

RE: Third Amendment

Dear Mr. Ray:

Enclosed are two originals of the above amendment that require signature. Please return one original back to me and keep one original for your files.

Please feel free to contact me at 434-980-6190 should you have any questions or concerns.

Sincerely yours,

G. Darlene Shifflett
Administrative Assistant
Office of Legal Affairs

Enclosures (2)